

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	NODI F		*****	*****	*****	*****			
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI F	*****	NODI F				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI F	NODI F				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI F				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI F	NODI F				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI F	NODI F				
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI F	NODI F				
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP ENV, Hand S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		02/23/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Note that outfall GS-001 discharged approximately 61,000 gallons across five discharge events during the January 2018 reporting period. However, due to frozen conditions during the first half of the month and the low volume of discharge per discharge event thereafter, sampling was not able to be performed.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	NODI F		*****	*****	*****	*****			
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI F				
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe	TELEPHONE	DATE
Tom Keefe/ VP ENV, Hand S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)398-4132	02/23/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Note that outfall GS-001 discharged approximately 61,000 gallons across five discharge events during the January 2018 reporting period. However, due to frozen conditions during the first half of the month and the low volume of discharge per discharge event thereafter, sampling was not able to be performed.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454  
**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.1	*****	8.1	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.85	16	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.6	1.6	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	.09	.09	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP ENV. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		03/14/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	3.39	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe	TELEPHONE	DATE
Tom Keefe/ VP ENV. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)398-4132	03/14/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.66	*****	7.66	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.1	14	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.3	1.3	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	.67	.67	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP Env H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		04/13/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please note that DMRs 001-Q and 001-T are attached. These DMRs represent the 12th quarterly samples for effluent and receiving water pollutant scan and whole effluent toxicity.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	9.82	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe	TELEPHONE	DATE
Tom Keefe/ VP Env H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)398-4132	04/13/2018
TYPED OR PRINTED			AREA Code	NUMBER

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please note that DMRs 001-Q and 001-T are attached. These DMRs represent the 12th quarterly samples for effluent and receiving water pollutant scan and whole effluent toxicity.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-O
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	03/31/2018

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

QUARTERLY OXYGENATES FROM OUTFALL 001

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.5	ug/L		Quarterly	Grab
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethanol	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	Grab
77004 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe	TELEPHONE	DATE
Tom Keefe/ VP ENV. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)398-4132	04/13/2018
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.83	*****	7.83	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	22.35	38.2	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	.084	.084	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP Env H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		05/15/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	2.23	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe	TELEPHONE	DATE
Tom Keefe/ VP Env H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)398-4132	05/15/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

YEARLY EFFLUENT/RECEIVING WATER POLLUT/  
 External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Ammonia, unionized	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.003	mg/L		Annual	Grab
00619 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Chromium, total [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.7	ug/L		Annual	Grab
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	53.2	ug/L		Annual	Grab
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34010 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34030 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP Env H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		05/15/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

YEARLY EFFLUENT/RECEIVING WATER POLLUT/

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Acenaphthylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Acenaphthylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34200 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Acenaphthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.041	ug/L		Annual	Grab
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Acenaphthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.058	ug/L		Annual	Grab
34205 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.077	ug/L		Annual	Grab
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.074	ug/L		Annual	Grab
34220 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.093	ug/L		Annual	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP Env H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		05/15/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

**DMR Mailing ZIP CODE:** 02150  
 MINOR  
 (SUBR E)  
 YEARLY EFFLUENT/RECEIVING WATER POLLUT/  
 External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.063	ug/L		Annual	Grab
34230 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.077	ug/L		Annual	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.049	ug/L		Annual	Grab
34242 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.084	ug/L		Annual	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.046	ug/L		Annual	Grab
34247 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.079	ug/L		Annual	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.056	ug/L		Annual	Grab
34320 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP Env H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		05/15/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

YEARLY EFFLUENT/RECEIVING WATER POLLUT/

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34371 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.102	ug/L		Annual	Grab
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.091	ug/L		Annual	Grab
34376 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Fluorene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.049	ug/L		Annual	Grab
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Fluorene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.069	ug/L		Annual	Grab
34381 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.091	ug/L		Annual	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP Env H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		05/15/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

YEARLY EFFLUENT/RECEIVING WATER POLLUT/

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.053	ug/L		Annual	Grab
34403 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Phenanthrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.079	ug/L		Annual	Grab
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Phenanthrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.094	ug/L		Annual	Grab
34461 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.095	ug/L		Annual	Grab
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.073	ug/L		Annual	Grab
34469 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.088	ug/L		Annual	Grab
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.052	ug/L		Annual	Grab
34521 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP Env H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		05/15/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454  
**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

YEARLY EFFLUENT/RECEIVING WATER POLLUT/

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.1	ug/L		Annual	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.048	ug/L		Annual	Grab
34526 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.071	ug/L		Annual	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.043	ug/L		Annual	Grab
34556 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Phenol	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34694 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.045	ug/L		Annual	Grab
34696 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP Env H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		05/15/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454  
**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

YEARLY EFFLUENT/RECEIVING WATER POLLUT/

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
tert-Butyl alcohol [TBA]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	26.6	ug/L		Annual	Grab
51008 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Coliform, total general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	CFU/100mL		Annual	Grab
74056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	CFU/100mL		Annual	Grab
Xylene [mix of m+o+p]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
81551 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Xylene [mix of m+o+p]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
81551 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE	DATE
Tom Keefe/ VP Env H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132	05/15/2018
TYPED OR PRINTED				AREA Code	NUMBER
				MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.32	*****	8.32	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.9	11.3	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP. ENV H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		06/14/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.446	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe	TELEPHONE	DATE
Tom Keefe/ VP. ENV H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)398-4132	06/14/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

 No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.95	5.4	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP ENV H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		07/16/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.198	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe	TELEPHONE	DATE
Tom Keefe/ VP ENV H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)398-4132	07/16/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-O
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	06/30/2018

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

QUARTERLY OXYGENATES FROM OUTFALL 001

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.4	ug/L		Quarterly	Grab
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethanol	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	456	ug/L		Quarterly	Grab
77004 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe	TELEPHONE	DATE
Tom Keefe/ VP ENV H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)398-4132	07/16/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.92	*****	7.92	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.5	15.5	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.29	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		08/15/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.025	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)398-4132	08/15/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454  
**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.44	*****	8.44	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP ENV H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		09/14/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.62	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe	TELEPHONE	DATE
Tom Keefe/ VP ENV H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)398-4132	09/14/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.2	*****	8.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.9	7	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	.5	.5	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP. Env H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		10/16/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.5176	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe	TELEPHONE	DATE
Tom Keefe/ VP. Env H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)398-4132	10/16/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-O
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	09/30/2018

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

QUARTERLY OXYGENATES FROM OUTFALL 001

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	Grab
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethanol	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	57	ug/L		Quarterly	Grab
77004 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe	TELEPHONE	DATE
Tom Keefe/ VP Env H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)398-4132	10/16/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454  
**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-R
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

YEARLY TOXICITY MONITORING REPLACES OUT  
 External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.2	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Annual	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.68	SU		Annual	Grab
00400 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Annual	Grab
Salinity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	g/g		Annual	Grab
00480 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	g/g		Annual	Grab
Salinity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0227	g/g		Annual	Grab
00480 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	g/g		Annual	Grab
Solids, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	183	mg/L		Annual	Grab
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Solids, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	28300	mg/L		Annual	Grab
00500 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7	mg/L		Annual	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP. Env H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		10/16/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-R
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

YEARLY TOXICITY MONITORING REPLACES OUT

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.5	mg/L		Annual	Grab
00530 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Ammonia nitrogen, total, [as N] 30 day	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.29	mg/L		Annual	Grab
00609 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Ammonia nitrogen, total, [as N] 30 day	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.05	mg/L		Annual	Grab
00609 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.94	mg/L		Annual	Grab
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.57	mg/L		Annual	Grab
00680 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
01027 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP. Env H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		10/16/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-R
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

YEARLY TOXICITY MONITORING REPLACES OUT

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.5	ug/L		Annual	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.7	ug/L		Annual	Grab
01042 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.5	ug/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.8	ug/L		Annual	Grab
01051 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2	ug/L		Annual	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.6	ug/L		Annual	Grab
01067 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	39	ug/L		Annual	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP. Env H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		10/16/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-R
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

YEARLY TOXICITY MONITORING REPLACES OUT  
 External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11	ug/L		Annual	Grab
01092 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.032	mg/L		Annual	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.014	mg/L		Annual	Grab
50060 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
LC50 Static 48Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Annual	Grab
TAA3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	*****	%		Annual	Grab
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Annual	Grab
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	*****	%		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE	DATE
Tom Keefe/ VP. Env H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132	10/16/2018
TYPED OR PRINTED				AREA Code	NUMBER
				MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.38	*****	8.38	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.8	27.1	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.63	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP ENV H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		11/14/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.91	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe	TELEPHONE	DATE
Tom Keefe/ VP ENV H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)398-4132	11/14/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454  
**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.87	*****	6.87	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.45	14.7	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		12/14/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	3.967	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)398-4132	12/14/2018
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454  
**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.85	30	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.8	3.8	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	.08	.08	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP ENV H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		01/15/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.152	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe	TELEPHONE	DATE
Tom Keefe/ VP ENV H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)398-4132	01/15/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-O
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	12/31/2018

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

QUARTERLY OXYGENATES FROM OUTFALL 001

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.3	ug/L		Quarterly	Grab
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethanol	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	Grab
77004 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe	TELEPHONE	DATE
Tom Keefe/ VP ENV H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)398-4132	01/15/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.7	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	15	22	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP ENV H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		02/13/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES  
 External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	1.86	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe	TELEPHONE	DATE
Tom Keefe/ VP ENV H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)398-4132	02/13/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.88	*****	6.88	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.5	15	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.4	1.4	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP ENV H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		03/15/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	2.05	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe	TELEPHONE	DATE
Tom Keefe/ VP ENV H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)398-4132	03/15/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.3	*****	8.3	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	19.5	34	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		04/15/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	1.54	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)398-4132	04/15/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-O
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	03/31/2019

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

QUARTERLY OXYGENATES FROM OUTFALL 001

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	Grab
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethanol	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	Grab
77004 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)398-4132	04/15/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.39	*****	8.39	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	24	48	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP ENV H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		05/15/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	2.06	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe	TELEPHONE	DATE
Tom Keefe/ VP ENV H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)398-4132	05/15/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

YEARLY EFFLUENT/RECEIVING WATER POLLUT/

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Ammonia, unionized	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.004	mg/L		Annual	Grab
00619 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Chromium, total [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	933	ug/L		Annual	Grab
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34010 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34030 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		05/15/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

YEARLY EFFLUENT/RECEIVING WATER POLLUT/

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Acenaphthylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Acenaphthylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34200 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Acenaphthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Acenaphthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34205 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34220 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		05/15/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

YEARLY EFFLUENT/RECEIVING WATER POLLUT/  
 External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34230 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34242 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34247 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34320 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		05/15/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

YEARLY EFFLUENT/RECEIVING WATER POLLUT/

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34371 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34376 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Fluorene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Fluorene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34381 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		05/15/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

YEARLY EFFLUENT/RECEIVING WATER POLLUT/

External Outfall

 No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34403 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Phenanthrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Phenanthrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34461 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34469 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34521 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		05/15/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

YEARLY EFFLUENT/RECEIVING WATER POLLUT/

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34526 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34556 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Phenol	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34694 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34696 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		05/15/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

YEARLY EFFLUENT/RECEIVING WATER POLLUT/

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
tert-Butyl alcohol [TBA]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
51008 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Coliform, total general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	CFU/100mL		Annual	Grab
74056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	CFU/100mL		Annual	Grab
Xylene [mix of m+o+p]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
81551 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Xylene [mix of m+o+p]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
81551 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132	05/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454  
**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.53	*****	7.53	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	11	15	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	3	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	.8	.8	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP ENV H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		06/13/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	1.28	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe	TELEPHONE	DATE
Tom Keefe/ VP ENV H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)398-4132	06/13/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.75	*****	7.75	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.91	12.3	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		07/11/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.279	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)398-4132	07/11/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-O
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	06/30/2019

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

QUARTERLY OXYGENATES FROM OUTFALL 001

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	Grab
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethanol	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	Grab
77004 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)398-4132	07/11/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.51	*****	7.51	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.19	6.8	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP ENV H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		08/14/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.7	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe	TELEPHONE	DATE
Tom Keefe/ VP ENV H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)398-4132	08/14/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454  
**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

**DMR Mailing ZIP CODE:** 02150  
 MINOR  
 (SUBR E)  
 TREATED STORMWATERY & HYDROSTATIC TES  
 External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.39	8.81	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		09/13/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.86	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)398-4132	09/13/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.4	*****	8.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		10/14/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.22	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)398-4132	10/14/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-O
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	09/30/2019

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

QUARTERLY OXYGENATES FROM OUTFALL 001

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	Grab
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethanol	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	Grab
77004 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)398-4132	10/14/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-R
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

YEARLY TOXICITY MONITORING REPLACES OUT

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.4	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Annual	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.04	SU		Annual	Grab
00400 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Annual	Grab
Salinity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	g/g		Annual	Grab
00480 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	g/g		Annual	Grab
Salinity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.031	g/g		Annual	Grab
00480 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	g/g		Annual	Grab
Solids, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	270	mg/L		Annual	Grab
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Solids, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	36000	mg/L		Annual	Grab
00500 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Annual	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		10/14/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-R
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

YEARLY TOXICITY MONITORING REPLACES OUT

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19	mg/L		Annual	Grab
00530 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Ammonia nitrogen, total, [as N] 30 day	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.11	mg/L		Annual	Grab
00609 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Ammonia nitrogen, total, [as N] 30 day	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.19	mg/L		Annual	Grab
00609 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.7	mg/L		Annual	Grab
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.3	mg/L		Annual	Grab
00680 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
01027 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132	10/14/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-R
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

YEARLY TOXICITY MONITORING REPLACES OUT

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.6	ug/L		Annual	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.4	ug/L		Annual	Grab
01042 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.4	ug/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.6	ug/L		Annual	Grab
01051 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.1	ug/L		Annual	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.1	ug/L		Annual	Grab
01067 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132		10/14/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454  
**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-R
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

YEARLY TOXICITY MONITORING REPLACES OUT

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15.1	ug/L		Annual	Grab
01092 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.02	mg/L		Annual	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Annual	Grab
50060 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
LC50 Static 48Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Annual	Grab
TAA3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	*****	%		Annual	Grab
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Annual	Grab
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	*****	%		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tom Keefe		TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)398-4132	10/14/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.46	*****	8.46	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.45	11	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		11/14/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.088	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	11/14/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.42	*****	7.42	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.5	21	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		12/13/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.763	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	12/13/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.94	*****	7.94	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	13	17	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		01/14/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	1.227	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	01/14/2020
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-O
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	12/31/2019

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

QUARTERLY OXYGENATES FROM OUTFALL 001

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	Grab
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethanol	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	Grab
77004 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		01/14/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.73	*****	7.73	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	5	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		02/12/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.372	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	02/12/2020
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.9	*****	7.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.5	11	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.71	3.71	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		03/12/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	4.929	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	03/12/2020
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.77	*****	7.77	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	17.1	21.2	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	.065	.13	ug/L		Twice per Month	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		04/14/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.5394	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	04/14/2020
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-O
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	03/31/2020

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

QUARTERLY OXYGENATES FROM OUTFALL 001

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.3	ug/L		Quarterly	Grab
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethanol	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	Grab
77004 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		04/14/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.63	*****	7.63	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.35	6.7	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		05/13/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	2.651	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	05/13/2020
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

YEARLY EFFLUENT/RECEIVING WATER POLLUT/

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Ammonia, unionized	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0008961	mg/L		Annual	Grab
00619 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Chromium, total [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3	ug/L		Annual	Grab
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	825	ug/L		Annual	Grab
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34010 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34030 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		05/14/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

YEARLY EFFLUENT/RECEIVING WATER POLLUT/  
 External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Acenaphthylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Acenaphthylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34200 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Acenaphthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Acenaphthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34205 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34220 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		05/14/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

YEARLY EFFLUENT/RECEIVING WATER POLLUT/  
 External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34230 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34242 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34247 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34320 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		05/14/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

YEARLY EFFLUENT/RECEIVING WATER POLLUT/

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34371 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.051	ug/L		Annual	Grab
34376 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Fluorene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Fluorene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34381 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		05/14/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

YEARLY EFFLUENT/RECEIVING WATER POLLUT/

External Outfall

 No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34403 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Phenanthrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Phenanthrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34461 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34469 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34521 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		<b>TELEPHONE</b>		<b>DATE</b>	
<b>Tom Keefe/ VP Env. H and S</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(781)786-6320		05/14/2020	
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

YEARLY EFFLUENT/RECEIVING WATER POLLUT/  
 External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34526 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34556 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Phenol	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34694 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34696 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		05/14/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

YEARLY EFFLUENT/RECEIVING WATER POLLUT/  
 External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
tert-Butyl alcohol [TBA]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
51008 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Coliform, total general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8	CFU/100mL		Annual	Grab
74056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	CFU/100mL		Annual	Grab
Xylene [mix of m+o+p]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
81551 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Xylene [mix of m+o+p]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
81551 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320	05/14/2020
TYPED OR PRINTED				AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.08	*****	8.08	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	6	6	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		06/12/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

 No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.56265	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	06/12/2020
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.35	*****	7.35	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.25	5	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.2	1.2	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		07/10/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES  
 External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.8184	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	07/10/2020
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-O
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	06/30/2020

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

QUARTERLY OXYGENATES FROM OUTFALL 001

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	Grab
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethanol	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	Grab
77004 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	07/10/2020
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454  
**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.23	*****	8.23	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.7	4.3	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		08/13/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.338	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	08/13/2020
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.85	*****	6.85	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.55	8.5	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		09/13/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.0212	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	09/13/2020
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.63	*****	7.63	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.5	15.5	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		10/14/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Due to limited precipitation and facility scheduling, only one TSS sample was collected during the month.



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.0693	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	10/14/2020
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Due to limited precipitation and facility scheduling, only one TSS sample was collected during the month.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-O
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	09/30/2020

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

QUARTERLY OXYGENATES FROM OUTFALL 001

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	Grab
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethanol	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	Grab
77004 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	10/14/2020
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-R
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

YEARLY TOXICITY MONITORING REPLACES OUT

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.63	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Annual	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.91	SU		Annual	Grab
00400 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Annual	Grab
Salinity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0153	g/g		Annual	Grab
00480 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	g/g		Annual	Grab
Salinity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0198	g/g		Annual	Grab
00480 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	g/g		Annual	Grab
Solids, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15600	mg/L		Annual	Grab
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Solids, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19800	mg/L		Annual	Grab
00500 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15.5	mg/L		Annual	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		10/14/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-R
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

YEARLY TOXICITY MONITORING REPLACES OUT

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	43.5	mg/L		Annual	Grab
00530 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Ammonia nitrogen, total, [as N] 30 day	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.021	mg/L		Annual	Grab
00609 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Ammonia nitrogen, total, [as N] 30 day	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.4	mg/L		Annual	Grab
00609 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.6	mg/L		Annual	Grab
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2	mg/L		Annual	Grab
00680 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
01027 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		10/14/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-R
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

YEARLY TOXICITY MONITORING REPLACES OUT

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
01042 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
01051 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
01067 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	25	ug/L		Annual	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		10/14/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-R
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

YEARLY TOXICITY MONITORING REPLACES OUT

External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	30	ug/L		Annual	Grab
01092 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.11	mg/L		Annual	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.05	mg/L		Annual	Grab
50060 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
LC50 Static 48Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Annual	Grab
TAA3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	*****	%		Annual	Grab
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Annual	Grab
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	*****	%		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320	10/14/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454  
**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.29	*****	8.29	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.75	20	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		11/11/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	1.6	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	11/11/2020
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.14	*****	8.14	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.1	6.5	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	.05	.05	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		12/14/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.63	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	12/14/2020
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454  
**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

**DMR Mailing ZIP CODE:** 02150  
 MINOR  
 (SUBR E)  
 TREATED STORMWATERY & HYDROSTATIC TES  
 External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.03	*****	8.03	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.3	8.1	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		01/13/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.6046	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	01/13/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-O
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	12/31/2020

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

QUARTERLY OXYGENATES FROM OUTFALL 001

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.1	ug/L		Quarterly	Grab
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethanol	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	Grab
77004 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	01/13/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.48	*****	8.48	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.3	1.3	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		02/12/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.2697	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	02/12/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.07	*****	8.07	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.25	7	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		03/12/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.208	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	03/12/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

 No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.59	*****	7.59	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.4	15.8	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.79	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.4	4.4	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	.42	.42	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ V.P. Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		04/14/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES  
 External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.18	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ V.P. Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	04/14/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-O
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	03/31/2021

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

QUARTERLY OXYGENATES FROM OUTFALL 001

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	Grab
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethanol	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	Grab
77004 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	04/14/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.06	*****	8.06	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.3	20	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		05/13/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.65	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	05/13/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

YEARLY EFFLUENT/RECEIVING WATER POLLUT/  
 External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Ammonia, unionized	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.013	mg/L		Annual	Grab
00619 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Chromium, total [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	33.8	ug/L		Annual	Grab
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	469	ug/L		Annual	Grab
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34010 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34030 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		05/13/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454  
**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

**DMR Mailing ZIP CODE:** 02150  
 MINOR  
 (SUBR E)  
 YEARLY EFFLUENT/RECEIVING WATER POLLUT/  
 External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Acenaphthylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Acenaphthylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34200 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Acenaphthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Acenaphthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34205 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34220 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		05/13/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

YEARLY EFFLUENT/RECEIVING WATER POLLUT/  
 External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34230 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34242 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34247 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34320 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		05/13/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

YEARLY EFFLUENT/RECEIVING WATER POLLUT/

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34371 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34376 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Fluorene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Fluorene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34381 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		05/13/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

YEARLY EFFLUENT/RECEIVING WATER POLLUT/  
 External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34403 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Phenanthrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Phenanthrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34461 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34469 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34521 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		05/13/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

YEARLY EFFLUENT/RECEIVING WATER POLLUT/

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34526 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34556 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Phenol	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	40	ug/L		Annual	Grab
34694 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
34696 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		05/13/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454  
**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

 YEARLY EFFLUENT/RECEIVING WATER POLLUT/  
 External Outfall

 No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
tert-Butyl alcohol [TBA]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
51008 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Coliform, total general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3	CFU/100mL		Annual	Grab
74056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	CFU/100mL		Annual	Grab
Xylene [mix of m+o+p]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
81551 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Xylene [mix of m+o+p]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
81551 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320	05/13/2021
TYPED OR PRINTED				AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2021	05/31/2021

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.64	*****	7.64	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	10	10	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.9	2.9	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	.32	.32	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		06/11/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2021	05/31/2021

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

 No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.1492	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	06/11/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2021	06/30/2021

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.99	*****	7.99	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.5	8	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		07/08/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2021	06/30/2021

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.5322	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	07/08/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-O
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	06/30/2021

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

QUARTERLY OXYGENATES FROM OUTFALL 001

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	Grab
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethanol	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	Grab
77004 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	07/08/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2021	07/31/2021

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.19	*****	7.19	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.5	7.29	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		08/13/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454  
**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2021	07/31/2021

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	1.6464	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	08/13/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2021	08/31/2021

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.63	*****	7.63	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.5	11	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		09/13/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2021	08/31/2021

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

 No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.953	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	09/13/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2021	09/30/2021

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.32	*****	8.32	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.9	25.3	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		10/15/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2021	09/30/2021

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	1.03	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	10/15/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-O
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2021	09/30/2021

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

QUARTERLY OXYGENATES FROM OUTFALL 001

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	Grab
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethanol	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	Grab
77004 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	10/15/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-R
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2021	09/30/2021

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

YEARLY TOXICITY MONITORING REPLACES OUT

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.32	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Annual	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.71	SU		Annual	Grab
00400 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Annual	Grab
Salinity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	g/g		Annual	Grab
00480 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	g/g		Annual	Grab
Salinity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	26.4	g/g		Annual	Grab
00480 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	g/g		Annual	Grab
Solids, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	500	mg/L		Annual	Grab
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Solids, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	229	mg/L		Annual	Grab
00500 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	25.3	mg/L		Annual	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		10/15/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-R
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2021	09/30/2021

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

YEARLY TOXICITY MONITORING REPLACES OUT

External Outfall

No ☐ Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	60	mg/L		Annual	Grab
00530 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Ammonia nitrogen, total, [as N] 30 day	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Annual	Grab
00609 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Ammonia nitrogen, total, [as N] 30 day	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.13	mg/L		Annual	Grab
00609 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.7	mg/L		Annual	Grab
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.7	mg/L		Annual	Grab
00680 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Annual	Grab
01027 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		10/15/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-R
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2021	09/30/2021

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

YEARLY TOXICITY MONITORING REPLACES OUT

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.2	ug/L		Annual	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	17.4	ug/L		Annual	Grab
01042 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.7	ug/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.5	ug/L		Annual	Grab
01051 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	166	ug/L		Annual	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	25.6	ug/L		Annual	Grab
01067 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9	ug/L		Annual	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		10/15/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454  
**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-R
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2021	09/30/2021

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

YEARLY TOXICITY MONITORING REPLACES OUT  
 External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19	ug/L		Annual	Grab
01092 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	Grab
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.03	mg/L		Annual	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Annual	Grab
50060 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
LC50 Static 48Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Annual	Grab
TAA3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	*****	%		Annual	Grab
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Annual	Grab
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	*****	%		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320	10/15/2021
TYPED OR PRINTED				AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2021	10/31/2021

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.03	*****	8.03	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.83	5	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		11/11/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2021	10/31/2021

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.7894	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	11/11/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2021	11/30/2021

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	310	gal/min	*****	*****	*****	*****		When Discharging	Estimate
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.5	*****	8.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.835	5.67	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	ug/L		Monthly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron		TELEPHONE		DATE	
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)786-6320		12/14/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL

**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

**ATTN:** RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2021	11/30/2021

**DMR Mailing ZIP CODE:** 02150

MINOR

(SUBR E)

TREATED STORMWATERY & HYDROSTATIC TES

External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****	.002529	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2	occur/mo		When Discharging	Occurs
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Charron	TELEPHONE	DATE
Tom Keefe/ VP Env. H and S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)786-6320	12/14/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2021	12/31/2021

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

 No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	700 DAILY MX	gal/min	*****	*****	*****	*****		When Discharging	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Month	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	51 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2021	12/31/2021

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

TREATED STORMWATERY &amp; HYDROSTATIC TES

External Outfall

 No ☐  
 Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, total	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/mo	*****	*****	*****	*****		When Discharging	Meter
Discharge event observation [Visual Monitoring]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	occur/mo		When Discharging	Occurs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GLOBAL COMPANIES LLC  
**ADDRESS:** 800 SOUTH STREET SUITE 500  
 WALTHAM, MA 02454

**FACILITY:** GLOBAL SOUTH TERMINAL  
**LOCATION:** 96 LEE BURBANK HIGHWAY  
 REVERE, MA 02150

ATTN: RONALD KENNY, OPERATION MGR

MA0000825	001-O
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2021	12/31/2021

DMR Mailing ZIP CODE: 02150

MINOR

(SUBR E)

QUARTERLY OXYGENATES FROM OUTFALL 001

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethanol	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
77004 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)